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<b>Purpose</b>	Describe how participants are to be notified that benefits are about to expire.
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<b>Notice of Expiration</b>	Participants shall be given written notice at least 15 days before the expiration of each certification period that eligibility for Program benefits is about to expire with the exception of pregnant women determined presumptively eligible who have no nutritional risk. See section D, of this procedure for further information. This notification is provided in the Nebraska WIC Program through the use of a "Notification Form".
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<b>Issuance of Notification Form</b>	This form must be given to each participant 15 days before the expiration date of the current certification period. The notification will normally be completed and given at the last check pick-up the last month of certification, when the next certification appointment is made.
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<b>Notification for Presumptive Eligible Pregnant Women</b>	Pregnant women certified as presumptive eligible are notified, as part of the rights and responsibilities that their benefits will be terminated effective immediately if on completion of the nutritional assessment they are found to have no risk.
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<b>Completion of the Notification Form</b>	The form should be completed as outlined below.
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Step	Action
1	Circle WIC at the top to the form to designate which program the participant(s) is/are enrolled in.
2	Write the participant(s) name whose certification period is about to expire for WIC on the designated line of the form.
3	Fill in the date when the certification period will expire.
4	The reverse side of the form is used to remind participants which information they need to bring to the next clinic visit. Staff should check each item the participant should bring, including themselves and/or children (write child's name or yourself on the line provided).
5	Any items which are needed for the visit which are not listed may be written on the blank line at the bottom.

The local agency may place their agency name, address and telephone number on the form if they wish.

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**Documentation of Issuance of Form**

When the form is issued staff should document this on the WIC Certification Signature Form on the appropriate line for each certification period.

Staff should initial and indicate the date given to the client.

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**Translation of Form**

The Notification Form is translated into Spanish. Both English and Spanish languages are printed on the form.

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**Ordering Notification Forms**

Copies of the Notification Form for use in clinics may be ordered from the State WIC Office. Order using the WIC Materials Order Form for forms.

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<p align="center"><b>Nebraska WIC/CSFP Programs</b> <b>Programas WIC/CSFP De Nebraska</b></p> <p><b>Please bring the following to your next appointment:</b> <b>Por favor traiga lo siguiente en su próxima cita:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yourself and your child(ren) Usted y sus niños</li> <li><input type="checkbox"/> Birth Certificate, custody papers or other proof of identity for each minor with an appointment. Certificado de nacimiento, papeles de custodia O prueba de guardian por cada niño con cita.</li> <li><input type="checkbox"/> Proof of Income for everyone living in the house (example: pay stub, 1040, medicaid, kids connection, food stamps, ADC, child support, unemployment, disability, etc.) Prueba de Ingresos de todos los que viven en la casa (Ejemplo: Talón de cheque de pago, 1040, Medicaid, conexión de niños, estampillas de alimentos, ADC, Sostén de niños, pagos de desempleo, incapacidad, etc.)</li> <li><input type="checkbox"/> Proof of Residency (example: gas or phone bill, mail with name and address, etc.) Prueba de Residencia (ejemplo: cuentas de gas o teléfono, correo con nombre y domicilio.</li> <li><input type="checkbox"/> Identification for guardian (example: driver's license). Identificación de Guardián (Ejemplo: licencia de manejar)</li> <li><input type="checkbox"/> Baby's birth information signed by your doctor or nurse. Información del nacimiento del bebé, firmada por su doctor o enfermera.</li> <li><input type="checkbox"/> Formula prescription, including diagnosis. Receta para fórmula, incluyendo diagnosis.</li> <li><input type="checkbox"/> Immunization Record. Record de vacunas</li> <li><input type="checkbox"/> List of illnesses and/or medication taken in the last six months. Lista de las enfermedades y medicinas tomadas En los últimos seis meses.</li> </ul> <p><b>Failure to bring the checked items, may result in staff being unable to determine program eligibility or provide benefits.</b> <b>La falta de traer las cosas marcadas puede resultar en que el personal no pueda determinar la elegibilidad para el programa o proveer beneficios</b></p>	<p align="center"><b>Notification Form For WIC/CSFP</b> <b>Forma De Notificacion Para WIC/CSFP</b></p> <p>Benefits for the following participant(s) Los beneficios para los siguientes participantes</p> <p>_____ will expire on _____ _____ cacucarán en _____.</p> <p><b>CSFP clients:</b>Your next certification appointment is <b>Cientes de CSFP:</b> Su siguiente cita de certificación será</p> <p>_____ at _____ _____ a las _____</p> <p>This institution is an equal opportunity provider. Esta institucion garantiza igualdad de oportunidades.</p> <p>Rev. 7/2005 English/Spanish</p>
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